



# OFFICE OF DRUG CONTROL POLICY

## KENTUCKY JUSTICE AND PUBLIC SAFETY CABINET

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## METHAMPHETAMINE: SLANG TERMS AND STREET LANGUAGE



As trends and fads change, new slang is introduced into our vocabulary. Much like each year Webster's Dictionary introduces new words that are used so much they become part of our vocabulary, lifestyle or accepted in our speech. You can search the internet for new words from the 60's, 70's, 80's and so on. Each year a list of "This Year's Newest Words" is produced and a few in 2005 include:

way, defined as really, very, as in "way cool." **Webmaster** is defined as a person who designs or maintains a web site. **Mouse potato** is a person who spends too much leisure time at a computer and **magalogue** which is a catalog that resembles a magazine. While these terms may be a bit humorous, many of the words our children learn through the drug culture are not so humorous.

Today's teen is probably familiar with hundreds, if not thousands of words that describe a state of intoxication, withdrawal, the latest club drug or slang for commonly-known drugs. Some methamphetamine-related terms we at ODCP hear about frequently are listed below:



**Meth Mouth** is an oral result of methamphetamine use and is attributed to the acidic nature of the drug and its propensity to cause cravings for high calorie carbonated beverages. Another common side effect is rampant

tooth decay, the tendency for users to grind and clench their teeth, the drug's ability to dry the mouth—reducing the amount of protective saliva around the teeth and the duration of the drug's effects (12 hours vs. one hour for cocaine) which leads to long periods when users are not likely to brush their teeth.

**Tweakers** are people who abuse meth regularly and often behave or react violently. A meth user may not have slept in three to fifteen days and may be irritable and paranoid. If the tweaker is also using alcohol or other drugs, the danger may be intensified. The user craves more meth, but no dosage will help recreate the first rush. This may cause frustration and lead to unpredictable behavior and violence. To support their habit, tweakers often participate in spur-of-the-moment crimes, such as purse snatching or burglaries and are often involved in domestic disputes and automobile accidents. They may at first appear to be normal, but a closer look will reveal eye movement ten times faster than normal, a voice with a slight quiver and jerky movements.

**Smurfing** - Most of our remaining meth labs rely on supplies from two sources, interstate smurfing and group smurfing. Interstate smurfing refers to a group of meth users who go to a neighboring county or state and collectively accumulate as many packs of cold medicine they can purchase or steal for a meth cook. Individual meth users purchase a box or two of cold medicine from a few pharmacies. The cold medicines are then individually given to a meth cook in exchange for meth. It costs about \$40 per gram to buy meth on the street, but only about \$5 per gram to make meth in a small home meth lab.

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## DEPUTY DRUG CZAR ADDRESSES STUDENT DRUG TESTING SUMMIT

The Office of National Drug Control Policy Deputy Director, Mary Ann Solberg addressed participants on February 28 at the first-ever Kentucky Student Drug Testing Summit sponsored by the Kentucky Office of Drug Control Policy and ONDCP.

"We have a problem with drugs and we need to deal with that problem in all of the ways that are available to us," said Solberg. "Random drug testing in schools gives students the opportunity to say no to drugs and deter students from use."

In 2004, the Kentucky Drug Control Assessment Summit charged the Office of Drug Control Policy with the task of forming a Student Drug Testing Advisory Council, comprised of experts and stakeholders from across Kentucky with an interest in exploring issues surrounding student drug testing. The council recommended sponsoring a Student Drug Testing Summit.

More than 200 principals, teachers, school system administrators and concerned parents attended the conference at The Brown Hotel in Louisville to gather information from speakers as well as from schools that have experienced a decline in drug use since implementing student drug testing programs.

"Kentucky educators have been asking for more information on student drug testing, the legal ramifications and the costs to provide testing," said Teresa Barton, executive director of ODCP. "Kentucky has a problem with drug use in schools and we believe random drug testing in schools is one tool that can be used as a deterrent."

The student drug testing summit provided speakers and panelists from across the country. David Evans, Executive Director of the



Mary Ann Solberg, Deputy Director of ONDCP, addresses Student Drug Testing Summit participants.

Drug-Free Schools Coalition, is nationally known for his expertise in drug testing law. Sonja Hoppe, a Lab Administrator and Vice President of Southwestern Laboratories, is an expert witness that has testified on several occasions in drug and alcohol testing cases. Chris Steffner, Principal at Hackettstown High School in New Jersey, is a national speaker on random student drug testing.

On the local front, Tiffani Heiskell, senior at Nelson County High School; Beth Hicks, Student Assistant Counselor at Assumption High School; Tony Roth, Safe Schools Coordinator for the Fleming County School District; George Wilson, Superintendent for the Monroe County Schools; John Riehemann, Principal at Lloyd Memorial High School; Charles Temple, Jessamine County District Athletic Director and Mary Moore, parent of two children who attend Nelson County High School participated on a morning panel discussion about their experiences with student drug testing in the schools.

### ◆◆ Statistics on student drug testing ◆◆

- Inhalant Use – Kentucky students report using at rates much higher than the national level
- Marijuana – by grade 12 nearly 20% report use
- Methamphetamine – students report using at about twice the level as the national level
- Alcohol – over 52% of 12-17 year olds reported alcohol abuse (KIP Survey)
- According to *Monitoring the Future*, a national survey that tracks drug use among America's youth, in 2001 more than half

of all students had used illicit drugs by the time they finished high school

- Students who use drugs are statistically more likely than nonusers to drop out of school, bring guns and knives to school and be involved in physical altercations, property destruction, stealing and cutting classes (SAMHSA, 2004)
- Drug testing should not be conducted to punish students that prove to be using drugs. It would provide an opportunity to help those students stop abusing drugs and/or alcohol

## FIRST LADY GLENNA FLETCHER ANNOUNCES A STATEWIDE CAMPAIGN AGAINST UNDERAGE DRINKING



First Lady Glenna Fletcher speaks at the underage drinking press conference.

First Lady Glenna Fletcher along with the Office of Drug Control Policy, Kentucky State Police and Office of Alcoholic Beverage Control announced a statewide campaign against underage drinking with a series of town hall meetings to take place across the commonwealth beginning March 28, 2006. The town hall meetings are an opportunity to educate parents, teachers, officials, youth and other community members about the impact of underage drinking.

The campaign is part of a national campaign sponsored by the U.S. Department of Health and Human Services and in partnership with the Ad Council. First Lady Glenna Fletcher will serve as Kentucky's honorary chairperson. The same agency also sponsors Leadership to Keep Children Alcohol Free, an initiative headed by governors' spouses that targets prevention of underage drinking in elementary school students.

"Underage drinking is a serious issue we cannot ignore. The need for a public education campaign about the risks of underage drinking is absolutely crucial," said First Lady Glenna Fletcher. "In Kentucky alone, approximately 165,000 youth drink each year. We must continue to focus on prevention and education efforts to reduce underage drinking in the commonwealth."

"Although drinking under the age of 21 is illegal in all 50 states, there are still more than 10 million children in this country who drink

alcohol illegally. On average, they start drinking when they are 13 years old," said Teresa Barton, executive director of the Office of Drug Control Policy. "Alcohol is far and away the most abused drug by American children."

"I cannot emphasize enough the importance of this campaign," said First Lady Glenna Fletcher. "Parents have to realize this is not a problem affecting other people's children. The numbers are very telling. This is every community's concern and will require every community's efforts."

Kentucky communities chosen to participate in the program will receive a stipend of \$1,000 from the federal Substance Abuse and Mental Health Services Administration.

To view a list of scheduled town hall meetings in Kentucky visit [www.stopalcoholabuse.gov](http://www.stopalcoholabuse.gov) and click on "Town Hall Locations." For more information on Leadership to Keep Children Alcohol Free visit [www.alcoholfreechildren.org](http://www.alcoholfreechildren.org).



Students from various Franklin County schools attended the press conference on underage drinking. Standing with the students are First Lady Glenna Fletcher, directors and commissioners of sponsoring agencies.

### ► Facts about underage drinking in Kentucky

During 2005, preliminary Kentucky State Police data indicates there were 889 total alcohol-related crashes involving a driver under age 21 that resulted in 614 injured victims and 16 persons killed.

73% of Kentucky students have had at least one drink of alcohol on one or more days during their life.

### ► Facts about underage drinking nationally

Alcohol is the deadliest drug for America's young people.

One half of all traffic fatalities and one third of all traffic injuries are related to alcohol.

Currently, it is estimated over three million teens, aged 14 to 17, are problem drinkers.



## METHADONE USE IN KENTUCKY

Recent information has raised concern about the use and abuse of methadone in Kentucky. ODCP is researching issues related to methadone. Current information reveals the number of deaths attributed, in all or part, to the abuse of methadone are on the rise. According to a sample of data obtained from Kentucky's medical examiner, 50% of overdose deaths involved methadone. This sample indicated methadone was found in combination with a number of other drugs.

Often victims used methadone in combination with benzodiazepine, which is a "lethal cocktail." It is believed that methadone alone does not produce a sufficient euphoric feeling until taken in combination with another drug such as benzodiazepine, which potentiates the effect of methadone. There are also incidents of deaths where other contributory factors such as drowning, alcoholism, diabetes, hypertension, etc., were involved. Rarely is death attributed to methadone alone. Following a preliminary review by ODCP, we have learned these facts about methadone use and abuse in Kentucky:

Methadone is commonly prescribed for treating patients suffering from chronic pain. Medical professionals describe methadone as an effective tool for pain management.

- Methadone used to treat pain can be prescribed by any licensed physician in Kentucky.
- Prescriptions written for methadone are reported by physicians to eKASPER as well as prescriptions filled for methadone by pharmacies.
- eKASPER reports an overall decrease in prescriptions written for methadone in a comparison of 2004 to 2005.
- Methadone written for pain relief by primary care physicians is dispensed in dry (pill) form.

In Kentucky, methadone is also used to treat the addiction of narcotics/opiates. Kentucky has 11 Narcotic Treatment Programs (NTP) across the state. Methadone is the most commonly used drug for the treatment and maintenance of narcotic addiction. ODCP has gathered the following facts related to narcotic treatment in Kentucky:

- All treatment delivered by NTPs is overseen by a physician licensed in Kentucky.
- NTPs are tightly regulated at state and federal levels. On the federal level, they are regulated by the Drug Enforcement

Administration and Center for Substance Abuse Treatment. At the state level, they are regulated by the Division of Mental Health and Substance Abuse (MHSA) and Kentucky Board of Pharmacy.

- Kentucky NTPs are subject to stricter requirements than federal guidelines; therefore, they have more rigid guidelines than those programs in bordering states.
- Methadone administered and dispensed by Kentucky NTPs is always in liquid form. The product used by NTPs is delivered in a wafer form. The wafer is then dissolved in juice and consumed by the patient. Medication dispensed by NTPs for use at home is dispensed in liquid form. NTPs in Kentucky do not dispense dry (pill) form methadone.
- NTP patients must comply with a set of criteria to be eligible to "take home" methadone. Those criteria include compliance with the program, negative random drug screens and no program violations for a period of time. The average "take home" dosage is from two to five doses. Kentucky statute indicates the maximum number of doses is fourteen days. In bordering states, patients may be eligible to take home doses for up to thirty days. MHSA has a record of the exact number of doses of methadone "taken home" from a NTP on any given day.
- Clients who are appropriately regulated on methadone do not report feeling euphoria or "high." Clients in NTPs receive frequent urine drug screens and are required to be free from other illegal/prescription drugs. Clients who use/abuse other illegal or prescription drugs are sanctioned by the NTP. Those sanctions may include discharge from the program.
- The dosage of methadone is individualized for each client and is regulated by the physician. The dosage administered is the minimum required to prevent the withdrawal phenomenon.

ODCP is working through a variety of entities (insurance companies, Board of Medical Licensure, Pharmacists Association and managed care companies) to provide education to the health care community. More extensive use of eKASPER reports as a standard of practice in the prescribing and filling of prescriptions would be helpful in assuring those patients who receive methadone are also informed about the implications of using other drugs. Many Kentucky residents seeking this form of treatment enroll in programs across state lines due to fewer requirements.

## LIEUTENANT GOVERNOR, ODCP AWARD NEARLY \$500,000 FOR COMMUNITY CORRECTIONS RECOVERY PROGRAMS

Lieutenant Governor Pence, who also serves as the Secretary for the Justice and Public Safety Cabinet, announced in February the Office of Drug Control Policy has awarded nearly \$500,000 in Community Corrections Recovery Pilot Program grants. Eight detention centers across the state will be receiving funds.

The money is allocated to help establish programs, financial policy and administrative guidance for full-service local correctional/detention facilities, which will provide substance abuse treatment programs for inmates, parolees, shock probationers and Halfway Back participants.

"We cannot just be tough on crime; we also need to be smart on crime," said Lt. Governor Pence. "It is not enough to lock people up and throw away the key. If we invest resources while they are incarcerated in helping them prepare to re-enter society, providing job training and treatment for substance abuse, for example, we make our communities safer by reducing the chance ex-prisoners will return to a life of crime."

"We must end the revolving door. We are releasing offenders from prison, only to have them go back out and re-offend because they are still drug addicts," said Teresa Barton, executive director of ODCP. "The plan to focus on treatment, prevention-education and law enforcement is long overdue."

Daviess, Hardin, Kenton, Marion and Mason Counties will use funds to enhance their existing jail treatment programs. Breckinridge, Pike and Powell Counties will pilot new substance abuse programs.

### ► 2006 Community Corrections Recovery Pilot Program Grants:

Breckinridge County	\$65,000
Daviess County	\$30,000
Hardin County (female)	\$175,000
Kenton County	\$25,000
Marion County	\$54,220
Mason County	\$25,000
Pike County	\$60,753
Powell County	\$65,000

## METHAMPHETAMINE: SLANG TERMS AND STREET LANGUAGE

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Meth sores (aka formication, speed bumps or crank bugs) is the hallucination involving the belief that something is crawling on the body or under the skin. Heavy stimulant use causes a rise in body temperature and increased blood flow to the skin to counteract it. The produced sweat

contains an enzyme that increases blood flow to the skin even more. When the sweat evaporates, it removes the protective oil which coats the skin and the combined effects of dehydration, sweating and removal of the oil on the skin create a sensation of the nerve endings on the skin and cause the addict to feel as if something is irritating or crawling on or under the skin. Additionally, the skin is an escape route for the toxic wastes used to create meth. When the user tweaks out they obsessively pick, scrape and dig at their skin.

- Do not shine bright lights at him. The tweaker is already paranoid and if blinded by a bright light he is likely to run or become violent.
- Slow your speech and lower the pitch of your voice. A tweaker already hears sounds at a fast pace and in a high pitch.
- Slow your movements. This will decrease the odds that the tweaker will misinterpret your physical actions.
- Keep your hands visible. If you place your hands where the tweaker cannot see them, he might feel threatened and could become violent.
- Keep the tweaker talking. A tweaker who falls silent can be extremely dangerous. Silence often means that his paranoid thoughts have taken over and anyone present can become part of the tweaker's delusions.

### ► 6 Safety Tips for Approaching a Heavy Meth User:

- Keep a 7-10 ft. distance. Coming too close can be perceived as threatening.

## JACKSON HIGH SENIOR HELPING ORGANIZE UNITE CLUBS

Kari Barger knew many of her peers at Jackson County High School were experimenting with drugs, but wasn't exactly sure what she could do about it.

Then last July the couple for whom she baby-sat, Judy and Carlos Cameron, began speaking with her about the Perfect Vision UNITE Coalition and wondered if she would like to become involved in their anti-drug efforts.

Barger, a senior who turned 18 years old on Valentine's Day, quickly accepted the challenge and began laying the foundation to create a UNITE Club at her school.

UNITE Clubs assist in developing healthy attitudes and behaviors by helping youth learn and practice life skills, enhance academic performance, and connect peers, adults, communities and learning through service.

"There was such a wide variety of drug problems in our school," Barger noted. "Students come in all the time with signs of drug use. I saw this as an opportunity to help."

Barger, said her faith in God and support of friends and family guided her and several of her closest friends to find a club sponsor and set up an organizational meeting.

"The first day we had 35 sign up, and I thought that was great," recalled Barger, who serves as club president. It wasn't long, however, before the club had grown to approximately 400 members – nearly two-thirds of the school's enrollment. We didn't exclude anyone. Some in the club are actually on drugs. We've brought them in and we're trying to educate them through positive peer pressure. Students will speak to other students before they will other people."

During her sophomore year, Barger was a member of Teens Against Tobacco Use. She has served two years as parliamentarian for the Future Farmers of America club, is an active member of the Mt. Gilead Baptist Church youth group and recently began serving on the American Cancer Society's Teen Walk-A-Thon committee.



Kari Barger  
Jackson County High School

Under Barger's leadership, UNITE clubs have also been started at the Jackson County Middle School and Annville Christian Academy.

This past fall the Jackson High UNITE Club held an all-night lock-in at the school. One of the guests was Operation UNITE Executive Director Karen Engle.

"I was so impressed with what Kari and the school had accomplished that I asked her to help start UNITE Clubs throughout the other counties in the Fifth Congressional District," Engle said. "She understood what needed to be done, how to create a successful program and is a very personable and intelligent young lady. Through a cooperative agreement with the School-To-Work program, Barger is receiving credit and working part-time for Operation UNITE this spring. Kari has agreed to work full-time for UNITE this summer after she graduates."

Currently there are more than 75 clubs in their first year of organization.

"My goal is to have clubs established in all the schools to teach other students and other people to stay off drugs," Barger said. "We are conducting rallies with the assistance of University of Kentucky basketball star Jeff Sheppard to enlist students in anti-drug efforts."

"We are really excited about the potential for success of these UNITE Clubs," Engle noted. "We will never be able to arrest our way of the drug problems. It will take educating people, especially our youth, about the importance of resisting temptation and the dangers drugs pose if we are to achieve victory."

To learn more about UNITE Clubs contact Barger at 606-330-1400.

Courtesy: UNITE

*UNITE, which stands for Unlawful Narcotics Investigations, Treatment & Education, seeks to fight the drug epidemic by expanding drug awareness and education programs to keep people from using drugs; coordinating drug treatment and outreach programs for those who are already addicted; and operating regional undercover law enforcement task forces for interdiction and prosecution of those dealing drugs. U.S. Congressman Hal Rogers (5th Congressional District) has directed \$32 million in federal funds to the counter-drug initiative over the past three years.*

## METH ABUSE CAUSES MORE EMERGENCY ROOM VISITS THAN ALL OTHER DRUGS

Two new surveys released in January by the National Association of Counties (NACo) show methamphetamine abuse continues to have a devastating effect on America's communities.

One survey, "The Effect of Meth Abuse on Hospital Emergency Rooms," revealed there are more meth-related emergency visits than for any other drug and the number of visits has increased substantially over the last five years. The second survey, "The Challenge of Treating Meth Abuse," showed the need for treatment programs for meth addiction is growing dramatically and lack of funding is an obstacle in meeting this demand.

"There is no question meth abuse is having a devastating effect on America's communities," said Bill Hansell, President of NACo and Commissioner in Umatilla County, Oregon. "Some states have enacted legislation that has been effective in reducing the number of local labs that produce meth. But officials in two of those states have said the number of users has not been reduced. We still have a fight on our hands. The vast majority of meth being used today is being imported into our country. We have to find a way to treat those people that have become addicted and prevent others from becoming addicted."

Both surveys were conducted in late 2005. The results of the emergency room survey are based on 200 responses from hospital emergency room officials in 39 states. Most of the hospitals participating in the survey are either county owned or operated. The second survey asked 200 county behavioral health officials in 26 states about drug treatment programs and how they have been affected by the meth epidemic.

Hansell said the surveys illustrate the difficult problem county governments are facing financially to provide the services needed. Forty-seven percent of the hospitals say that methamphetamine is the top illicit drug involved in presentations at their hospitals. The drug next highest on the list is marijuana at 16 percent.

Seventy-three percent of the hospital officials in the survey reported emergency room presentations involving meth have increased over the last five years, and 68 percent reported continuing increases during the last three years.

The problems are compounded because the patients rarely have health insurance. Eighty-three percent of the emergency room officials reported people requiring treatment for a meth-related emergency are often uninsured. Hospital costs are rising as a result.

Fifty-six percent of the hospitals reported costs have increased because of the growing use of meth. County governments and their residents have to pay the rising costs of this uncompensated care.

In the second survey, 69% of the responding officials reported an increase in the need for treatment programs in their counties because of the growing use of meth. However, 63% of the officials reported they do not have sufficient capacity in their county programs to treat meth addicts and 57% say the reason is lack of funding.

Another factor affecting treatment programs is treatment for meth addiction is different from other drugs. Fifty-four percent of the officials reported the success rate is different and 44% said the length of time in the program is longer for meth addicts. Meth users seeking treatment require special protocols and longer treatment periods than users of other drugs.

Hansell said NACo wants Congress to pass and President Bush to sign comprehensive legislation that will address all aspects of the meth abuse problem. This will include legislation on precursors and increased funding for treatment.

"The President is a strong supporter of substance abuse treatment programs," Hansell said. "We hope that he will recognize the need for more funding for treatment."

This is the second set of surveys NACo has released on meth abuse. In July 2005, NACo released the results of two surveys it conducted on the impact of meth. The surveys reported responses from county sheriffs, police departments and from child welfare officials. The survey of 500 sheriffs and police departments showed meth abuse is the top drug problem facing counties in America.

In an alarming number of meth arrests, there is a child living in the home. Often, these children suffer from neglect and abuse. Forty percent of the counties where child welfare activities are the responsibility of the county reported that out of home child placements have increased because of meth, according to the second survey released in July.

NACo is a full-service organization that provides legislative, research, technical and public affairs assistance to county governments.

*Courtesy: NACo*

## QUICK FACTS ABOUT METH

- ▶ The number of meth labs the last 6 months of 2005 dropped 73% from the first 6 months in 2004.
- ▶ The number of meth labs the last 6 months of 2005 dropped 57% from the same time period in 2004.
- ▶ In 2005, meth labs have been reported in 81 of our 120 counties.
- ▶ In 2005, Kentucky is ranked 6th in methamphetamine responses with 567. Missouri has the most meth lab responses with 2257.

Kentucky counties that had the most meth labs in 2005:

1. Warren – 52 labs
2. Daviess – 49 labs
3. Jefferson – 37 labs
4. Hopkins and Monroe – 24 labs
6. Bullitt – 23 labs
7. Allen – 21 labs
8. Laurel – 19 labs
9. Muhlenberg – 17 labs
10. Barren and Pulaski – 16 labs